Image# 201902089145478389 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

	e of Candidate (in full)								
	/, George, J, , Jr					1			
	ess (number and street) W Pearl St	Цζ	Check if addre	ss changed		2. Candida H0PA	ate's FEC Ident 032 <mark>71</mark>	ification N	umber
(c) City,	State, and ZIP Code					3. Is This	s Nev	N	Amended
Butl	er		P/	1600	1	Stater	ment (N)	OR	x (A)
4. Party Aff	iliation	5. Office Soug	ght		6. State & Dist	rict of Candi	date		
REPUB	BLICAN PARTY	House			PA	16			
	DI	ESIGNATIC	N OF PR	INCIPAL	CAMPAIGI	и сомм	ITTEE		
7. I hereby	designate the following na	med political co	ommittee as n	ny Principal (Campaign Comr	mittee for the	year of election	electio on)	n(s).
	his designation should be	filed with the ap	opropriate offi	ce listed in t	ne instructions.				
` ,	e of Committee (in full) ke Kelly For Con	aress							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9							
	ess (number and street) Box 476								
(c) City,	State, and ZIP Code								
Lyı	ndora				PA	1604	5		
	DI	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES		
					g Representativ				
			_		•	·			
8. I hereby candidad	authorize the following na	med committee	, which is NO	r my princip	al campaign cor	nmittee, to re	eceive and exp	end funds	on behalf of my
NOTE: T	This designation should be	filed with the pr	incipal campa	aign committ	ee.				
	elly Tiberi JFC								
Ne	sily Tibell 31 C								
` '	ess (number and street) S. Washington St. Suite	115							
() 0''	0								
(c) City,	State, and ZIP Code								
Ale	xandria				VA	22314	ļ		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Signature of	of Candidate					Date			
Kelly, Geor						02/08/20	110		
				[Elec	tronically Filed]	02/00/20	719		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	3	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

(a) Name of Committee (in full) PA in 18 (b) Address (number and street) PO Box 26141 (c) City, State, and ZIP Code Alexandria 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Kelly Reed Victory Committee (b) Address (number and street) 288 s. Washington Street Suite 115 (c) City, State, and ZIP Code Alexandria VA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Winning PA (b) Address (number and street) PO Box 8881 (c) City, State, and ZIP Code Affington VA 22219 8. I hereby authorize the following named committee, which is NOT my principal campaign committee. (a) Name of Committee (in full) Take Back the House 2020 (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda MD 20824	8.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ididacy. NOTE : This designation should be filed with the principal campaign committee.						
(b) Address (number and street) PO Box 26141 (c) City, State, and ZIP Code Alexandria NA 22313 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) Kelly Reed Victory Committee (b) Address (number and street) 228 S. Washington Street Suite 115 (c) City, State, and ZIP Code Alexandria NA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) Winning PA (b) Address (number and street) PO Box 9891 (c) City, State, and ZIP Code Arlington VA 22219 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) Take Back the House 2020 (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code		(a) Name of Committee (in full)						
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Kelly Reed Victory Committee (b) Address (number and street) 228 S. Washington Street Suite 115 (c) City, State, and ZIP Code Alexandria NA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be flied with the principal campaign committee. (a) Name of Committee (in full) Winning PA (b) Address (number and street) PO Box 9891 (c) City, State, and ZIP Code Arlington VA 22219 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be flied with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be flied with the principal campaign committee. (a) Name of Committee (in full) Take Back the House 2020 (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code	8.	candidacy. NOTE: This designation should be filed with the principal car			nds on behalf of my			
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(c) City, State, and ZIP Code Arlington VA 22219 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Take Back the House 2020 (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code	8.	candidacy. NOTE: This designation should be filed with the principal car (a) Name of Committee (in full) Winning PA (b) Address (number and street)			nds on behalf of my			
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Bethesda MD 20824	8.	candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Take Back the House 2020 (b) Address (number and street) PO Box 30844						
		Bethesda	MD	20824				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page ___3 **of** _3___

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campai	mmittee, to receive and expend funds on behalf of my	
	(a) Name of Committee (in full)		
	Victory for Pennsylvania Fund		
	(b) Address (number and street) 2470 Daniels Bridge Rd Suite 121		
	(c) City, State, and ZIP Code		
	Athens	GA	30606
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campai (a) Name of Committee (in full)		mmittee, to receive and expend funds on behalf of my
	Kelly-Thompson Victory Fund		
	(b) Address (number and street) PO Box 1654		
	(c) City, State, and ZIP Code		_
	Butler	PA	16003
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campai		mmittee, to receive and expend funds on behalf of my
	(a) Name of Committee (in full)		
	Keep America Rolling PAC		
	(b) Address (number and street) PO Box 185		
	(c) City, State, and ZIP Code		
	Harrisburg	PA	17101
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campaid. (a) Name of Committee (in full)		mmittee, to receive and expend funds on behalf of my
	(b) Address (number and street)		
	(c) City, State, and ZIP Code		